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| Fill in this information to identify your case: | | |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourse | elf | |
|-----|---|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that it your government-iss picture identification example, your driver license or passport). Bring your picture identification to your meeting with the trus | First name Samuel Suffix (St. In II III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you used in the last 8 you include your married maiden names. | ears Candace A. Bennett | |
| 3. | Only the last 4 digit your Social Securit number or federal Individual Taxpayer Identification numb (ITIN) | y xxx-xx-8442 | |

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Case number (if known)

Debtor 1 Candace A. Tate

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|--|---|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 537 West 103rd Place Chicago, IL 60628 Number, Street, City, State & ZIP Code Cook County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |

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Document Case number (if known) Debtor 1 Candace A. Tate

| Par | Tell the Court About | Your B | Bankruptcy Ca | se | | | | |
|-----|---|------------|-------------------------------|--|-------------------------|--|---|--|
| 7. | The chapter of the Bankruptcy Code you are | | | rief description of each, see go to the top of page 1 and | | | C. § 342(b) for Individu | uals Filing for Bankruptcy |
| | choosing to file under | ■ C | Chapter 7 | | | | | |
| | | □с | Chapter 11 | | | | | |
| | | | hapter 12 | | | | | |
| | | | hapter 13 | | | | | |
| | | | • | | | | | |
| 8. | How you will pay the fee | • | about how you | attorney is submitting your p | are paying | the fee yourself, | you may pay with cash | n, cashier's check, or money |
| | | | | the fee in installments. If | | e this option, sign | and attach the Applica | ation for Individuals to Pay |
| | | _ | Ū | e in Installments (Official For | , | this option only if | tuou oro filing for Char | otor 7. Du lovu o judgo mov |
| | | | but is not requapplies to you | t my fee be waived (You ma uired to, waive your fee, and or family size and you are un on to Have the Chapter 7 Filin | may do so able to pa | o only if your incom y the fee in install | me is less than 150% oments). If you choose t | of the official poverty line that this option, you must fill out |
| 9. | Have you filed for bankruptcy within the last 8 years? | □ No | | | | | | |
| | | | District | Northern District of Illinois, Eastern Division | When | 6/10/13 | Case number | 13-23917 |
| | | | District | Northern District of Illinois, Eastern Division | When | 12/19/12 | Case number | 12-49663 |
| | | | | DIVISION | _ | 12/13/12 | | 12 43000 |
| | | | District | | When | | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No | 0 | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye | es. | | | | | |
| | | | Debtor | | | | Relationship to y | /ou |
| | | | District | | When | | Case number, if | known |
| | | | Debtor | | | | Relationship to y | /ou |
| | | | District | | When | | Case number, if | known |
| 11. | Do you rent your | | o. Go to lii | ne 12. | | | | |
| | residence? | ■ Ye | es. Has you | ur landlord obtained an evict | tion judgm | ent against you? | | |
| | | | | No. Go to line 12. | | | | |
| | | | _ | Yes. Fill out <i>Initial Statemer</i> bankruptcy petition. | nt About ai | n Eviction Judgme | ent Against You (Form | 101A) and file it with this |
| | | | | | | | | |

Document Page 4 of 79 Case number (if known) Debtor 1 Candace A. Tate Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Candace A. Tate

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document Page 6 of 79 Case number (if known) Debtor 1 Candace A. Tate Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Candace A. Tate Signature of Debtor 2 Candace A. Tate Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on July 21, 2019

MM / DD / YYYY

Debtor 1 Candace A. Tate

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Lorraine M. Greenberg | Date | July 21, 2019 MM / DD / YYYY |
|--|---------------|---------------------------------|
| Signature of Attorney for Debtor | | MMI/ DD/ TTTT |
| Lorraine M. Greenberg | | |
| Printed name | | |
| Lorraine M. Greenberg | | |
| · ······ | | |
| 150 N. Michigan Avenue | | |
| Suite 800 | | |
| Chicago, IL 60601 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 312-588-3330 | Email address | lgreenberg@greenberglaw.net |
| 3129023 IL | | |
| Bar number & State | | |

| | Docume | ent Page 8 of 79 | |
|-------------------------|---------------------------------------|--|--|
| mation to identify your | case: | | |
| Candace A. Tate | | | |
| First Name | Middle Name | Last Name | |
| | | | |
| First Name | Middle Name | Last Name | |
| nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| | | | |
| | Candace A. Tate First Name First Name | First Name Middle Name First Name Middle Name | Candace A. Tate First Name Middle Name Last Name First Name Middle Name Last Name |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pai | t 1: Summarize Your Assets | | |
|-----|---|-------------|--------------------------|
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 4,840.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 4,840.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 170,063.17 |
| | Your total liabilities | \$ | 170,063.17 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,706.18 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,777.00 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

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Debtor 1 Candace A. Tate

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Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____1,333.67

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 92,565.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 92,565.00 |

| | | Documen | t Page 10 of 79 | _ |
|-----------------------|--|--|--|---|
| Fill in this inform | mation to identify yo | ur case and this filing: | | |
| Debtor 1 | Candace A. Tat | | | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the | : NORTHERN DISTRICT OF | ILLINOIS | |
| Case number | | | | |
| Case number _ | | | | Check if this is an amended filing |
| | | | | |
| Official Fo | rm 106A/B | | | |
| | e A/B: Pro | narty | | 42/45 |
| | | <u>. , , , , , , , , , , , , , , , , , , ,</u> | e. If an asset fits in more than one category, | 12/15 |
| think it fits best. B | Be as complete and accore space is needed, atta | urate as possible. If two married p | people are filing together, both are equally re On the top of any additional pages, write you | sponsible for supplying correct |
| Part 1: Describe | Each Residence, Build | ing, Land, or Other Real Estate Yo | ou Own or Have an Interest In | |
| 1. Do you own or h | have any legal or equita | able interest in any residence, bui | lding, land, or similar property? | |
| ■ No. Go to Par | rt 2. | | | |
| ☐ Yes. Where i | s the property? | | | |
| | | | | |
| Part 2: Describe | Your Vehicles | | | |
| | | | les, whether they are registered or not? G: Executory Contracts and Unexpired Le | |
| 3. Cars, vans, tr | ucks, tractors, sport | utility vehicles, motorcycles | | |
| ■ No | | | | |
| □ Yes | | | | |
| | | | | |
| | | | vehicles, other vehicles, and accessoris, snowmobiles, motorcycle accessories | ies |
| ■ No | | | | |
| ■ No □ Yes | | | | |
| | | | | |
| | | | | |
| | • | - | ies from Part 2, including any entries fo | EN AA |
| 1.3 | | | | |
| | Your Personal and Ho | | | |
| Do you own or I | have any legal or equ | uitable interest in any of the fo | ollowing items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | oods and furnishings ajor appliances, furnitu | s ıre, linens, china, kitchenware | | |
| Yes. Desc | ribe | | | |
| | househ | old goods and furnishings | s, holiday decorations; linens, | |
| | housew | ares, small appliances, po | ots, pans, dishes; refrigerator, | |
| | | | room set, night stand, beds, m, tables, chairs, lamps, dining | |
| | | ertainment center | , asioo, onano, iampo, aming | \$1,500.00 |

Schedule A/B: Property

Official Form 106A/B

page 1

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Case number (if known) Document Debtor 1 Candace A. Tate 7 Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$1,200.00 TV; cell phone, ipad, computer, fax machine; printer; dvd player 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$500.00 necessary wearing apparel, bible, texbooks, family pictures 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No Yes. Describe..... \$1.600.00 wedding ring, watch, earrings, necklace Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$4.800.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

□ No

Official Form 106A/B Schedule A/B: Property

page 2

| Debtor 1 Canda | ace A. Tate | Document Page 12 | Case number (if known) | |
|--|--|--|--|---------------------|
| ■ Yes | | | | |
| | | | Cash | \$40.0 |
| | cking, savings, or other financial ac itutions. If you have multiple accour | | ares in credit unions, brokerage houses, ach. | and other similar |
| | 17.1. checking | TCF Bank | | \$0.0 |
| 18 Bonds mutual | funds, or publicly traded stocks | | | |
| Examples: Bond | d funds, investment accounts with t | orokerage firms, money market ac | ccounts | |
| ■ No □ Yes | Institution or issue | er name: | | |
| | aded stock and interests in incor | porated and unincorporated bu | usinesses, including an interest in an l | LC, partnership, an |
| joint venture ■ No | | | | |
| | ecific information about them | | | |
| | Name of entity: | | % of ownership: | |
| Negotiable insti | nd corporate bonds and other negruments include personal checks, construments are those you cannot be instruments. | ashiers' checks, promissory notes | s, and money orders. | |
| | cific information about them Issuer name: | | | |
| 21. Retirement or p Examples: Inter | | , 403(b), thrift savings accounts, c | or other pension or profit-sharing plans | |
| ☐ Yes. List each | account separately. Type of account: | Institution name: | | |
| 22. Security depos | its and prepayments | | | |
| | Ill unused deposits you have made eements with landlords, prepaid ren | | or use from a company ter), telecommunications companies, or c | others |
| ☐ Yes | | Institution name or indivi | idual: | |
| 23. Annuities (A co | entract for a periodic payment of mo | ney to you, either for life or for a r | number of years) | |
| ■ No □ Yes | Issuer name and description. | | | |
| | education IRA, in an account in a 0(b)(1), 529A(b), and 529(b)(1). | qualified ABLE program, or un | der a qualified state tuition program. | |
| ■ No □ Yes | Institution name and descript | ion. Separately file the records of | any interests.11 U.S.C. § 521(c): | |
| _ · · | le or future interests in property | (other than anything listed in li | ne 1), and rights or powers exercisable | e for your benefit |
| ■ No □ Yes. Give spe | ecific information about them | | | |
| | ights, trademarks, trade secrets, | and other intellectual property | | |
| | rnet domain names, websites, proce | | agreements | |

Official Form 106A/B Schedule A/B: Property page 3

 $\hfill \square$ Yes. Give specific information about them...

| | | Case 19- | 20663 | Doc 1 | | | Desc Main |
|-----|---------------|--|----------------|-----------------------------|---|---|--|
| De | ebtor 1 | Candace A. | Tate | | Document | Page 13 of 79 Case number (if known) | |
| 27. | Examp ■ No | es, franchises, bles: Building pe Give specific in | rmits, exclus | sive licenses | | n holdings, liquor licenses, professional licens | es |
| | | | | out trieffi | | | |
| M | oney or p | property owed | to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref | unds owed to y | /ou | | | | |
| | ☐ Yes. (| Give specific inf | ormation ab | out them, inc | cluding whether you alre | ady filed the returns and the tax years | |
| 29. | ■ No | oles: Past due or | · | | usal support, child suppo | ort, maintenance, divorce settlement, property | settlement |
| | □ Yes. | Give specific inf | ormation | | | | |
| 30. | Examp | | ges, disabilit | y insurance į | payments, disability ben someone else | efits, sick pay, vacation pay, workers' comper | nsation, Social Security |
| | ■ No □ Ves | Give specific in | formation | | | | |
| | | | | | | | |
| 31. | | ts in insurance bles: Health, disa | | insurance; h | nealth savings account (| HSA); credit, homeowner's, or renter's insurar | nce |
| | ☐ Yes. I | Name the insura | | ny of each po pany name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| 32. | If you a | | | | someone who has die t proceeds from a life in | ed surance policy, or are currently entitled to rece | eive property because |
| | ☐ Yes. | Give specific in | formation | | | | |
| 33. | Examp ■ No | | employment | | you have filed a lawsu surance claims, or rights | it or made a demand for payment s to sue | |
| 34. | Other o | contingent and | unliquidate | ed claims of | every nature, includin | g counterclaims of the debtor and rights to | set off claims |
| | _ | Describe each | claim | | | | |
| 35. | Any fin | ancial assets y | ou did not | already list | | | |
| | | Give specific in | formation | | | | |
| 36 | | | | | om Part 4, including a | ny entries for pages you have attached | \$40.00 |
| Pa | art 5: Des | scribe Any Busin | ess-Related | Property You | Own or Have an Interest | In. List any real estate in Part 1. | |
| 37 | Do vou o | own or have any l | egal or equit | able interest | in any business-related p | roperty? | |
| | No. Go | • | . J 5. 04411 | | , | | |
| | ☐ Yes. G | So to line 38. | | | | | |

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Case number (if known) Document Debtor 1 Candace A. Tate Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 56. \$0.00 57. Part 3: Total personal and household items, line 15 \$4,800.00 Part 4: Total financial assets, line 36 58. \$40.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00

\$4,840.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 5

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$4,840.00

\$4,840.00

| | | 1700.11111 | .111 FAUE 1.3 UL | 1.3 | |
|---|-------------------------|-------------------|------------------|-----|--------------------------------------|
| Fill in this inform | nation to identify your | case: | | | |
| Debtor 1 | Candace A. Tate | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| | | | | | amended ming |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemp | tions are you claimin | g? Check one only. | even if your spous | e is filing with you |
|----|--------------------|-----------------------|--------------------|--------------------|----------------------|
| | | | | | |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| household goods and furnishings, holiday decorations; linens, housewares, small appliances, pots, pans, dishes; refrigerator, washer, dryer, microwave, living room set, night stand, beds, dressers, household tools, vacuum, tables, chairs, lamps, dining set | \$1,500.00 | | \$1,160.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| TV; cell phone, ipad, computer, fax machine; printer; dvd player Line from Schedule A/B: 7.1 | \$1,200.00 | ■ | \$1,200.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| wedding ring, watch, earrings, necklace Line from Schedule A/B: 12.1 | \$1,600.00 | | \$1,600.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Cash Line from Schedule A/B: 16.1 | \$40.00 | | \$40.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |

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Debtor 1 Candace A. Tate

Debtor 1 Candace A. Tate

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--------------------------|-------------------|-------------|---|------------------|
| Debtor 1 | Candace A. Tate | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | [| Check if this is |
| | | | | | amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | | | Document | Page 18 of 79 | |
|---|--|---|---|--|--|
| Fill in | this inform | nation to identify your o | case: | | |
| Debto | or 1 | Candace A. Tate | | | |
| | | First Name | Middle Name | Last Name | _ |
| Debto | | E: AN | MC I II M | | _ |
| (Spouse | e if, filing) | First Name | Middle Name | Last Name | |
| United | d States Ba | nkruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS | _ |
| Case | number | | | | |
| (if know | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| O.(| | 4005/5 | | | |
| | | <u>n 106E/F</u> | | LOLL | 40/45 |
| | | | ho Have Unsecure | | 12/15 n NONPRIORITY claims. List the other party to |
| Schedu Schedu left. Att name a | ile G: Execuivate D: Creditorial Control and case num | tory Contracts and Unexpi ors Who Have Claims Sect tinuation Page to this pag nber (if known). | ired Leases (Official Form 106G) ured by Property. If more space e. If you have no information to | Do not include any creditors with part is needed, copy the Part you need, fill it | A/B: Property (Official Form 106A/B) and on itially secured claims that are listed in tout, number the entries in the boxes on the top of any additional pages, write your |
| Part 1 | | II of Your PRIORITY Un | | | |
| _ | | ors have priority unsecured | d claims against you? | | |
| _ | No. Go to P | art 2. | | | |
| | Yes. | | | | |
| Part 2 | l ist Δ | II of Your NONPRIORIT | V Unsecured Claims | | |
| | | ors have nonpriority unsec | | | |
| _ | | | | italia a construir de la const | |
| | I No. You nav | ve nothing to report in this pa | art. Submit this form to the court wi | itn your other schedules. | |
| | Yes. | | | | |
| un tha | secured clair | m, list the creditor separately | for each claim. For each claim list | | creditor has more than one nonpriority list claims already included in Part 1. If more ured claims fill out the Continuation Page of |
| | | | | | Total claim |
| 4.1 | A,T & T | Mobility | Last 4 digits of a | ccount number | \$445.00 |
| | | / Creditor's Name | NAII | | |
| | | ankruptcy Illey View Lane | When was the de | ebt incurred? | |
| | | s Branch, TX 75234 | | | |
| | | treet City State Zip Code | As of the date yo | ou file, the claim is: Check all that apply | |
| | Who incu | rred the debt? Check one. | | | |
| | Debtor | 1 only | ☐ Contingent | | |
| | ☐ Debtor | 2 only | ☐ Unliquidated | | |
| | ☐ Debtor | 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At leas | t one of the debtors and and | other Type of NONPRIO | ORITY unsecured claim: | |
| | ☐ Check | if this claim is for a comm | nunity | | |
| | debt Is the clai | m subject to offset? | ☐ Obligations ari report as priority o | ising out of a separation agreement or divo | orce that you did not |
| | _ | | Пъ | | |
| | No | | ☐ Debts to pensi | ion or profit-sharing plans, and other simila | ar debts |

Case 19-20663 Doc 1 Filed 07/23/19 Entered 07/23/19 18:59:48 Desc Main Page 19 of 79 Case number (if known) Document Debtor 1 Candace A. Tate 4.2 **Advocate Christ Medical Center** \$660.80 Last 4 digits of account number 4737 Nonpriority Creditor's Name Attn: Patient Business Office When was the debt incurred? 11/19/18 4440 W. 95th Street Oak Lawn, IL 60453 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.3 **Advocate Christ Medical Center** Last 4 digits of account number \$100.00 Nonpriority Creditor's Name Attn: Patient Business Office When was the debt incurred? 4440 W. 95th Street Oak Lawn, IL 60453 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.4 Last 4 digits of account number \$100.00

Advocate Trinity Hospital Nonpriority Creditor's Name Attn: Patient Accounts When was the debt incurred? 2320 E 93rd St.

Chicago, IL 60617 Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset? ■ No

As of the date you file, the claim is: Check all that apply

☐ Contingent ■ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

Other. Specify

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

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Desc Main Page 20 of 79 Case number (if known) Document Debtor 1 Candace A. Tate 4.5 \$419.00 AFNI, Inc Last 4 digits of account number 4566 Nonpriority Creditor's Name **404 Block Drive** When was the debt incurred? Attn: Bankruptcy Bloomington, IL 61701 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.6 Amex Last 4 digits of account number 9283 \$3.00 Nonpriority Creditor's Name Correspondence/Bankruptcv Opened 10/18 Last Active Po Box 981540 When was the debt incurred? 7/07/19 El Paso, TX 79998 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.7 **Bank Of America** \$500.00 Last 4 digits of account number 5066 Nonpriority Creditor's Name 4909 Savarese Circle Opened 08/04 Last Active FI1-908-01-50 When was the debt incurred? 6/18/19 Tampa, FL 33634 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

Page 21 of 79 Case number (if known) Debtor 1 Candace A. Tate 4.8 \$100.00 **Bank Of America** Last 4 digits of account number 8442 Nonpriority Creditor's Name PO Box 15168 When was the debt incurred? Wilmington, DE 19850 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify **overdraft** 4.9 **Calvary Portfolio Services** Last 4 digits of account number 8422 \$341.00 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? 4050 E. Cotton Center Blvd Phoenix, AZ 85040 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 5013 \$4,573.00 Capital One Last 4 digits of account number Λ Nonpriority Creditor's Name Attn: Bankruptcy Opened 10/18 Last Active Po Box 30285 When was the debt incurred? 5/31/19 Salt Lake City, UT 84130 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Credit Card

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Page 22 of 79 Case number (if known) Document Debtor 1 Candace A. Tate

| Capital One Auto Finance | Last 4 digits of account number | | Unknown |
|--|--|---|-------------|
| Nonpriority Creditor's Name 7933 Preston Road Plano, TX 75024-2302 | When was the debt incurred? | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sep- report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify | | |
| CarMax Auto Finance | Last 4 digits of account number | 9555 | \$23,586.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 11/18 Last Active | |
| Po Box 440609 Kennesaw, GA 30160 | When was the debt incurred? | 5/10/19 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sep- report as priority claims | aration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-shari | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify 2014 Land March 1st, | Rover (totalled in electrical fire - 2019) | |
| Cda/Pontiac | Last 4 digits of account number | 6844 | \$508.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 213 | When was the debt incurred? | Opened 8/14/15 | |
| Streator, IL 61364 | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepreport as priority claims | | |
| ■ No | ☐ Debts to pension or profit-sharing | | |
| ☐ Yes | ■ Other. Specify Emerg Roc | om Providers S C Tr | |

Page 23 of 79 Case number (if known) Document Debtor 1 Candace A. Tate

| Chase Bank | Last 4 digits of account number | 8442 | Unknown |
|--|--|---|--|
| Nonpriority Creditor's Name PO Box 15298 | When was the debt incurred? | | |
| | As of the data you file the claim | | |
| Who incurred the debt? Check one. | As of the date you me, the claim | is. Check all that apply | |
| ■ Debtor 1 only | Contingent | | |
| | | | |
| | ' | | |
| | • | d claim: | |
| _ | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | Other. Specify | | |
| Choice Recovery | Last 4 digits of account number | 7036 | \$537.00 |
| | When was the debt incurred? | Opened 04/46 | |
| 1550 Old Henderson Rd, Ste 100 | when was the dept incurred? | Орепеа 04/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | ■ Other. Specify Manageme | Attorney Integrated Pain nt | |
| Choice Recovery | l ast 4 digits of account number | 1241 | \$304.00 |
| Nonpriority Creditor's Name | | | |
| Attn: Bankruptcy 1550 Old Henderson Rd, Ste 100 | When was the debt incurred? | Opened 11/17 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed □ | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | | |
| □Yes | ■ Other. Specify Manageme | Attorney Integrated Pain nt | |
| | Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Choice Recovery Nonpriority Creditor's Name Attn: Bankruptcy 1550 Old Henderson Rd, Ste 100 Columbus, OH 43220 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Choice Recovery Nonpriority Creditor's Name Attn: Bankruptcy 1550 Old Henderson Rd, Ste 100 Columbus, OH 43220 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Columbus, OH 43220 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No | Nonpriority Creditor's Name PO Box 15:298 Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Nonpriority Creditor's Name Attn: Bankruptcy Debtor 1 only Debtor 1 only Debtor 1 only Columbus, OH 43:220 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only file, the claim When was the debt incurred? As of the date you file, the claim When was the debt incurred? As of the date you file, the claim | Nonprointy Creditor's Name PO Box 15298 Willington, DE 19850 Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor |

Document Page 24 of 79 Debtor 1 Candace A. Tate Case number (if known) 4.1 City of Chicago - Parking \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 121 N. LaSalle Street When was the debt incurred? **Room 107** Chicago, IL 60602 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 City of Chicago - Parking \$5,000.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 121 N. LaSalle Street When was the debt incurred? **Room 107** Chicago, IL 60602 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 COMCAST \$400.00 Last 4 digits of account number 9 Nonpriority Creditor's Name PO BOX 1931 When was the debt incurred? Burlingame, CA 94011 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Debtor 1 Candace A. Tate ase number (if known) 4.2 \$500.00 ComEd Last 4 digits of account number 0 Nonpriority Creditor's Name **Customer Correspondence** When was the debt incurred? Attn: Bankruptcy Dept PO Box 87522 Chicago, IL 60680 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 7101 **Comenity Bank - Carsons** \$0.00 Last 4 digits of account number Nonpriority Creditor's Name **Bankruptcy Department** When was the debt incurred? PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 Comenity Bank/Wayfair 0149 Last 4 digits of account number \$506.00 Nonpriority Creditor's Name Opened 11/18 Last Active Attn: Bankruptcy Dept Po Box 182125 When was the debt incurred? 5/10/19 Columbus, OH 43218 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account

☐ Yes

Page 26 of 79 Case number (if known) Document Debtor 1 Candace A. Tate 4.2 \$986.00 **Credit First National Association** 2771 Last 4 digits of account number 3 Nonpriority Creditor's Name Attn: Bankruptcy Opened 09/13 Last Active Po Box 81315 When was the debt incurred? 5/15/14 Cleveland, OH 44181 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.2 **Credit One Bank** 1176 \$698.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 10/18 Last Active Po Box 98872 5/10/19 When was the debt incurred? Las Vegas, NV 89193 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.2 **DebtStoppers** Unknown Last 4 digits of account number Nonpriority Creditor's Name 20 S. Clark Street When was the debt incurred? 28th floor Chicago, IL 60603-1802 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

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Debtor 1 Candace A. Tate 4.2 Dept of Ed / Navient 0915 \$18,420.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: Claims Dept Opened 09/15 Last Active Po Box 9635 When was the debt incurred? 6/30/19 Wilkes Barr, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.2 Dept of Ed / Navient 0913 \$1,050.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Claims Dept Opened 09/15 Last Active Po Box 9635 When was the debt incurred? 6/30/19 Wilkes Barr, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.2 **Emergency Room Care Providers** \$655.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Dept. 4034 PO Box 3065 Hinsdale, IL 60522-3065 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes

Official Form 106 E/F

Other. Specify

Document Page 28 of 79 Debtor 1 Candace A. Tate ase number (if known) 4.2 \$500.00 Fifth Third Bank Last 4 digits of account number 9 Nonpriority Creditor's Name PO Box 630900 When was the debt incurred? Cincinnati, OH 45263-0900 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.3 First PREMIER Bank 2734 \$505.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Bankruptcy Opened 11/18 Last Active Po Box 5524 When was the debt incurred? 5/10/19 Sioux Falls, SD 57117 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.3 **Future Lady Fitness of Jackson** \$1,242.00 Last 4 digits of account number Nonpriority Creditor's Name 1625 E County Line Rd When was the debt incurred? Ste 340 Jackson, MS 39211 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

debt

■ No ☐ Yes \square Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

Other. Specify

☐ Check if this claim is for a community

Is the claim subject to offset?

| Debtor 1 Candace A. Tate | | Document Page 29 of 79 Case number (if known) | |
|--------------------------|---|---|-------------|
| 4.3 | III Dept of Employment Security | Last 4 digits of account number | \$18,338.00 |
| | Nonpriority Creditor's Name PO Box 4385 Chicago, IL 60680-4385 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.3 | Illinois Toll Highway Authority Nonpriority Creditor's Name | Last 4 digits of account number | \$2,000.00 |
| | 2700 Ogden Avenue Attention: Legal Dept | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.3 | Jefferson Capital Systems LLC | Last 4 digits of account number | \$2,000.00 |
| | Nonpriority Creditor's Name PO Box 7999 Saint Cloud, MN 56302-9617 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |

☐ Yes

Other. Specify

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| LVNV Fudning LLC as assignee of | Last 4 digits of account number |
|---|---|
| Nonpriority Creditor's Name Arrow Financial Services Resurgent Capital Services | When was the debt incurred? |
| PO Box 10587 | |
| Greenville, SC 29603-0587 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply |
| Who incurred the debt? Check one. | |
| Debtor 1 only | ☐ Contingent |
| Debtor 2 only | ☐ Unliquidated |
| Debtor 1 and Debtor 2 only | ☐ Disputed |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: |
| ☐ Check if this claim is for a community | ☐ Student loans |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| No | \square Debts to pension or profit-sharing plans, and other similar debts |
| □Yes | Other. Specify |

Page 31 of 79 Case number (if known) Document Debtor 1 Candace A. Tate LVNV Funding LLC assignee of 4.3 3616 \$644.00 8 Last 4 digits of account number North Nonpriority Creditor's Name **Star Capital Acquisitions LLC** When was the debt incurred? **Resurgent Captial Services** PO Box 10587 Greenville, SC 29603-0587 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 0069 Medical Business Bureau \$400.00 Last 4 digits of account number Nonpriority Creditor's Name 1460 Renaissance Dr. When was the debt incurred? Suite 400 Park Ridge, IL 60068-1349 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.4 Michael Stern 8587 \$850.00 Last 4 digits of account number 0 Nonpriority Creditor's Name When was the debt incurred? Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

■ No
□ Yes

report as priority claims

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Page 32 of 79 Case number (if known) Document Debtor 1 Candace A. Tate 4.4 \$6,700.00 **MOHELA** 0009 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 10/02 Last Active 633 Spirit Drive When was the debt incurred? 11/07/18 Chesterfield, MO 63005 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.4 **MOHELA** 0010 \$6,535.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Attn: Bankruptcy Opened 09/03 Last Active 633 Spirit Drive When was the debt incurred? 11/07/18 Chesterfield, MO 63005 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.4 **MOHELA** 0006 \$3,239.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 10/02 Last Active Attn: Bankruptcy When was the debt incurred? 11/07/18 633 Spirit Drive Chesterfield, MO 63005 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community

Official Form 106 E/F

debt

No ☐ Yes report as priority claims

☐ Other. Specify

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

Educational

Is the claim subject to offset?

Page 33 of 79 Case number (if known) Document Debtor 1 Candace A. Tate 4.4 **MOHELA** 0007 \$3,239.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 09/03 Last Active 633 Spirit Drive When was the debt incurred? 11/07/18 Chesterfield, MO 63005 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.4 **MOHELA** 8000 \$540.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Attn: Bankruptcy Opened 06/04 Last Active 633 Spirit Drive When was the debt incurred? 11/07/18 Chesterfield, MO 63005 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.4 2629 **MRSI** \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2250 E. Devon Ave Ste 352 Des Plaines, IL 60018 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No
□ Yes

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

Page 34 of 79 Case number (if known) Debtor 1 Candace A. Tate 4.4 \$8,870.00 Navient 1005 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 01/07 Last Active Po Box 9000 When was the debt incurred? 6/30/19 Wiles-Barr, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.4 Navient 1005 \$7,889.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Attn: Bankruptcy Opened 01/08 Last Active Po Box 9000 When was the debt incurred? 6/30/19 Wiles-Barr, PA 18773 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.4 1005 **Navient** \$7,884.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 01/08 Last Active Attn: Bankruptcy Po Box 9000 When was the debt incurred? 6/30/19 Wiles-Barr, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No

☐ Yes

Educational

☐ Other. Specify

Page 35 of 79 Case number (if known) Debtor 1 Candace A. Tate 4.5 Navient 1116 \$6,395.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Attn: Bankruptcy Opened 02/05 Last Active Po Box 9000 When was the debt incurred? 6/30/19 Wiles-Barr, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.5 Navient 1116 \$6,229.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 10/05 Last Active Po Box 9000 When was the debt incurred? 6/30/19 Wiles-Barr, PA 18773 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.5 1005 **Navient** \$4,838.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 01/07 Last Active Attn: Bankruptcy Po Box 9000 When was the debt incurred? 6/30/19 Wiles-Barr, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No

☐ Yes

Educational

☐ Other. Specify

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Debtor 1 Candace A. Tate 4.5 Navient 1116 \$4,554.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Attn: Bankruptcy Opened 10/05 Last Active Po Box 9000 When was the debt incurred? 6/30/19 Wiles-Barr, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.5 Navient 1116 \$4,554.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 02/05 Last Active Po Box 9000 When was the debt incurred? 6/30/19 Wiles-Barr, PA 18773 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.5 1005 **Navient** \$1,629.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 07/07 Last Active Attn: Bankruptcy Po Box 9000 When was the debt incurred? 6/30/19 Wiles-Barr, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No

Official Form 106 E/F

☐ Yes

Educational

☐ Other. Specify

| | | Case 19-20663 | Doc 1 | Filed 07/23/19 Document | Entered 07/23/19 18:59:4 | 18 Desc Main |
|----------|---|-----------------|-----------------------|----------------------------|--------------------------------------|--------------|
| Debto | r 1 <u>(</u> | Candace A. Tate | | Document | Page 37 of 79 Case number (if known) | |
| 4.5 6 | NCO Financial Systems, Inc. | | Last 4 digits of acco | unt number | | |
| | Nonpriority Creditor's Name 400 Horsham Road, Ste 300 | | When was the debt i | ncurred? | | |

| 4.5 6 | NCO Financial Systems, Inc. | Last 4 digits of account number | \$429.00 | | | | |
|----------|---|---|------------|--|--|--|--|
| | Nonpriority Creditor's Name 400 Horsham Road, Ste 300 Horsham, PA 19044-2140 | When was the debt incurred? | | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | Other. Specify | | | | | |
| 4.5 | Peoples Gas | Last 4 digits of account number 0001 | \$2,600.00 | | | | |
| , | Nonpriority Creditor's Name | | <u>-</u> | | | | |
| | 200 E. Randolph Attention: Bankruptcy Department | When was the debt incurred? | | | | | |
| | Chicago, IL 60601 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | Other. Specify | | | | | |
| 4.5 8 | Peter Francis Geraci, J.D. | Last 4 digits of account number | Unknown | | | | |
| <u> </u> | Nonpriority Creditor's Name 55 East Monroe Suite 3400 | When was the debt incurred? | | | | | |
| | Chicago, IL 60603 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | ■ No | | | | | | |
| | Yes | Other. Specify | | | | | |

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| Debtoi | Candace A. Tate | Case number (if known) | |
|--------|---|--|------------|
| 4.5 | Secretary of State | Last 4 digits of account number | \$0.00 |
| | Nonpriority Creditor's Name Driver Services Dept 2701 S. Dirksen Parkway Springfield, IL 62723-0001 | When was the debt incurred? | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.6 | Sprint | Last 4 digits of account number | \$945.00 |
| | Nonpriority Creditor's Name KSOPHT0101-Z4300 6391 Sprint Parkway Attn: Bankruptcy Dept. | When was the debt incurred? | |
| | Overland Park, KS 66251-4300 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.6 | T-Mobile | Last 4 digits of account number 0622 | \$1,226.00 |
| | Nonpriority Creditor's Name PO Box 742596 | When was the debt incurred? | |
| | Cincinnati, OH 45274-2596 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |

☐ Yes

Other. Specify

Case 19-20663 Doc 1 Filed 07/23/19 Entered 07/23/19 18:59:48 Desc Main Document Page 39 of 79 Case number (if known) Debtor 1 Candace A. Tate 4.6 **US Cellular** \$100.00 Last 4 digits of account number 2 Nonpriority Creditor's Name PO Box 7835 When was the debt incurred? Madison, WI 53707-7835 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.6 **Vishar Medical Center** \$4,250.00 Last 4 digits of account number Nonpriority Creditor's Name 2315 E. 93rd Street When was the debt incurred? Suite 340 Chicago, IL 60617 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical debt ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Amex Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.o. Box 981537 Part 2: Creditors with Nonpriority Unsecured Claims El Paso, TX 79998 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Arnold Scott Harris PC Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 111 W Jackson

Name and Address Amex P.o. Box 981537 EI Paso, TX 79998 Name and Address Arnold Scott Harris PC 111 W Jackson Suite 600 Chicago, IL 60604-1537 Name and Address Arnold Scott Harris PC 111 W Jackson Suite 600 Chicago, IL 60604-1537 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.18 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Last 4 digits of account number Name and Address Arnold Scott Harris PC 111 W Jackson Suite 600 Chicago, IL 60604-1537 Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Name and Address

Filed 07/23/19 Case 19-20663 Doc 1 Entered 07/23/19 18:59:48 Desc Main Page 40 of 79 Case number (if known) Document Debtor 1 Candace A. Tate AT & T Mobility II LLC Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims c/o AT & T Services, Inc. Part 2: Creditors with Nonpriority Unsecured Claims Karen Cavagnaro, Paralegal One AT & T Way, Room 3A231 Bedminster, NJ 07921 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address AT & T Services, Inc. Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims c/o James Grudus, Esq Part 2: Creditors with Nonpriority Unsecured Claims One AT & T Way, Room 3A218 Bedminster, NJ 07921 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Bank Of America** Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 982238 Part 2: Creditors with Nonpriority Unsecured Claims El Paso, TX 79998 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Botti Chiropractic** Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 5569 95th St. Part 2: Creditors with Nonpriority Unsecured Claims Oak Lawn, IL 60453 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Calvary Portfolio Services** Line 4.60 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 500 Summit Lake Drive ■ Part 2: Creditors with Nonpriority Unsecured Claims Suite 400 Valhalla, NY 10595 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Capital One** Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 30281 Part 2: Creditors with Nonpriority Unsecured Claims Salt Lake City, UT 84130 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **CarMax Auto Finance** Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 12800 Tuckahoe Creek Pkw Part 2: Creditors with Nonpriority Unsecured Claims Richmond, VA 23238 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Cda/Pontiac ☐ Part 1: Creditors with Priority Unsecured Claims Line 4.13 of (Check one): 415 E Main St Part 2: Creditors with Nonpriority Unsecured Claims Streator, IL 61364 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Choice Recovery Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1550 Old Henderson Rd St Part 2: Creditors with Nonpriority Unsecured Claims Columbus, OH 43220 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Choice Recovery Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1550 Old Henderson Rd St ■ Part 2: Creditors with Nonpriority Unsecured Claims Columbus, OH 43220 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Comcast Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 3001 ■ Part 2: Creditors with Nonpriority Unsecured Claims Southeastern, PA 19398-3001 Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

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Integrated Pain Management 5569 W. 95th Street

Name and Address

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Line 4.15 of (Check one):

On which entry in Part 1 or Part 2 did you list the original creditor?

☐ Part 1: Creditors with Priority Unsecured Claims

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| Oak Lawn, IL 60453 | | T D 40 0 15 24 N 2 2 2 4 N 2 2 4 N 2 2 2 4 N 2 2 2 4 N 2 2 2 2 |
|--|--|---|
| | Last 4 digits of account number | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address MG Credit | On which entry in Part 1 or Part 2 did y | |
| 5115 San Juan Ave | Line 4.31 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Jacksonville, FL 32210 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Midland Funding LLC | On which entry in Part 1 or Part 2 did y Line 4.61 of (<i>Check one</i>): | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims |
| Midland Credit Mgmt as agent | Line 4101 of (Oneck one). | Part 2: Creditors with Nonpriority Unsecured Claims |
| PO Box 2011 Warren, MI 48090 | | ,,,,, |
| waiten, wii 40030 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did y | you list the original creditor? |
| Midland Funding LLC | Line 4.61 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims |
| 2365 Northside Dr Ste 300 San Diego, CA 92108 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| • | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did y | _ |
| MOHELA 633 Spirit Drive | Line 4.41 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Chesterfield, MO 63005 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address MOHELA | On which entry in Part 1 or Part 2 did y Line 4.42 of (<i>Check one</i>): | you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims |
| 633 Spirit Drive | Line 4142 of (Oneok one). | Part 2: Creditors with Nonpriority Unsecured Claims |
| Chesterfield, MO 63005 | Last 4 digits of account number | - a.t. 2. Ground's military only officeation original |
| Name and Address | On which entry in Part 1 or Part 2 did y | rou list the original graditar? |
| MOHELA | Line 4.43 of (Check one): | D Part 1: Creditors with Priority Unsecured Claims |
| 633 Spirit Drive | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Chesterfield, MO 63005 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did y | you list the original creditor? |
| MOHELA 633 Spirit Drive | Line 4.44 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims |
| Chesterfield, MO 63005 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did y | · |
| MOHELA 633 Spirit Drive | Line 4.45 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Chesterfield, MO 63005 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Navient | On which entry in Part 1 or Part 2 did y Line 4.47 of (<i>Check one</i>): | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims |
| Po Box 9500 | Ento <u>1111</u> of (chock cho). | Part 2: Creditors with Nonpriority Unsecured Claims |
| Wilkes Barre, PA 18773 | Last 4 digits of account number | , |
| Name and Address | On which entry in Part 1 or Part 2 did y | rou list the original graditar? |
| Navient | Line 4.48 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Po Box 9500 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Wilkes Barre, PA 18773 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did y | you list the original creditor? |
| Navient | Line <u>4.49</u> of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims |
| Po Box 9500 Wilkes Barre, PA 18773 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |

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| Debtor 1 Candace A. Tate | | Case number (if known) |
|--|--|--|
| Name and Address Navient Po Box 9500 Wilkes Barre, PA 18773 | On which entry in Part 1 or Part 2 did y Line 4.50 of (Check one): Last 4 digits of account number | you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Navient Po Box 9500 Wilkes Barre, PA 18773 | On which entry in Part 1 or Part 2 did y Line 4.51 of (Check one): Last 4 digits of account number | vou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Navient Po Box 9500 Wilkes Barre, PA 18773 | On which entry in Part 1 or Part 2 did y Line 4.52 of (Check one): Last 4 digits of account number | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Navient Po Box 9500 Wilkes Barre, PA 18773 | On which entry in Part 1 or Part 2 did y Line 4.53 of (Check one): Last 4 digits of account number | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Navient Po Box 9500 Wilkes Barre, PA 18773 | On which entry in Part 1 or Part 2 did y Line 4.54 of (<i>Check one</i>): Last 4 digits of account number | you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Navient Po Box 9500 Wilkes Barre, PA 18773 | On which entry in Part 1 or Part 2 did y Line 4.55 of (Check one): Last 4 digits of account number | you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address North Star Capital Acquisition Attn: Bankruptcy 220 John Glenn Drive, Suite 100 Amherst, NY 14228 | On which entry in Part 1 or Part 2 did y Line 4.38 of (Check one): Last 4 digits of account number | /ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address North Star Capital Acquisitions LLC 170 North Pointe Parkway Suite 300 Amherst, NY 14228 | On which entry in Part 1 or Part 2 did y Line 4.38 of (<i>Check one</i>): Last 4 digits of account number | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Peoples Gas PO Box 2968 Milwaukee, WI 53201-2968 | On which entry in Part 1 or Part 2 did y Line 4.57 of (Check one): Last 4 digits of account number | you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Robert J Semrad & Associates 20 S Clark 28th Floor Chicago, IL 60603 | On which entry in Part 1 or Part 2 did y Line 4.25 of (<i>Check one</i>): Last 4 digits of account number | /ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Sprint Corp Attention Bankruptcy PO Box 7949 Overland Park, KS 66207-0949 | On which entry in Part 1 or Part 2 did y Line 4.60 of (Check one): Last 4 digits of account number | vou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |

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| Debtor 1 Candace A. Tate | Case number (if known) | | | | | |
|---|---|--|--|--|--|--|
| Name and Address State Collection Service 2509 S. Stoughton Road Madison, WI 53716 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| | Last 4 digits of account number | | | | | |
| Name and Address T-Mobile c/o American Infosource LP 4515 N Santa Fe Ave Oklahoma City, OK 73118-7901 | On which entry in Part 1 or Part 2 did Line 4.61 of (<i>Check one</i>): Last 4 digits of account number | you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Name and Address Tribute P.O. Box 105555 Atlanta, GA 30348-5555 | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.38 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number | | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|--|------------|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| Γotal | 6f. | Student loans | 6f. | \$ 92,565.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | 60 | \$ 0.00 |
| | 6h. | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6g. 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 77,498.17 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 170,063.17 |

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| | | 17000000 | 111 FAUE 43 UL 13 | |
|---|-------------------------|-------------------|-------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Candace A. Tate | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | | | | | |

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| | | Document | Page 46 of 79 | | |
|---------------------------|---|--|---------------------------------|---|---|
| Fill in this info | ormation to identify your c | ase: | | | |
| Debtor 1 | Candace A. Tate | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States I | Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Schedul Codebtors are | | also liable for any debts you | | | 12/15 as possible. If two married led, copy the Additional Page, |
| ill it out, and r | | oxes on the left. Attach the A | | | |
| 1. Do you | have any codebtors? (If yo | ou are filing a joint case, do not | list either spouse as a codebto | or. | |
| □ No ■ Yes | | | | | |
| | | ived in a community property Nevada, New Mexico, Puerto R | | | ates and territories include |
| ■ No. Go □ Yes. Die | | se, or legal equivalent live with | you at the time? | | |
| in line 2 a | gain as a codebtor only if D), Schedule E/F (Official F | that person is a guarantor or | cosigner. Make sure you have | ve listed the c | ith you. List the person shown reditor on Schedule D (Official nedule E/F, or Schedule G to fil |
| | umn 1: Your codebtor , Number, Street, City, State and ZIP | Code | | 2: The credit all schedules th | or to whom you owe the debt nat apply: |
| 101 | intel Johnson 49 E. 100th Street cago, IL 60628 | | ■ Sche | edule D, line edule E/F, line edule G | e 4.6 |

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| Fill | in this information to identify your c | ase: | | | | | | | |
|--------------------|---|---|--|-----------------------|-----------------|--|---------------------------|----------------------------|-----------------|
| Del | otor 1 Candace A. | Tate | | | _ | | | | |
| | otor 2 Juse, if filing) | | | | - | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | T OF ILLINOIS | | _ | | | | |
| | se number | | | | | Check if this is An amende A supplementation | ed filing ent showing | postpetition | |
| O | fficial Form 106I | | | | | MM / DD/ \ | | nowing date. | |
| S | chedule I: Your Inc | ome | | | | IVIIVI / DD/ I | | | 12/15 |
| sup spo atta | as complete and accurate as pos- plying correct information. If you use. If you are separated and you ch a separate sheet to this form. t1: Describe Employment | are married and not filir ir spouse is not filing wi | ng jointly, and your th you, do not inclu | spouse i de inforr | s livi natio | ng with you, incl n about your spo | ude inform ouse. If mo | ation about re space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | 2 or non-fili | ing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status* | ■ Employed □ Not employed | | | ☐ Empl | • | | |
| | employers. | Occupation | LPN | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Oak Park Oasis | i | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 625 N Harlem A Oak Park, IL 60 | | | | | | |
| | | How long employed th | | | for / | Additional Emplo | yment Info | rmation | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If y | ou have nothing to r | eport for | any li | ne, write \$0 in the | space. Incl | ude your nor | n-filing |
| | u or your non-filing spouse have me e space, attach a separate sheet to | | mbine the information | n for all e | mplo | yers for that perso | on on the lin | es below. If | you need |
| | | | | | | For Debtor 1 | For Deb | tor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$_ | 4,246.67 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$_ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$_ | 4,246.67 | \$ | N/A | |

Official Form 106I Schedule I: Your Income page 1

| Deb | tor 1 | Candace A. Tate | | | Case number (if k | now | n) | | | | | |
|-----|-----------------|---|-----------------|------------|---------------------------------------|-----------|-----|------|---------------------|----------------|----------|-------|
| | | | | | For Debtor 1 | | | | Debtor 2 of | | | |
| | Сору | y line 4 here | 4. | | \$ 4,24 | 6.6 | 7 | \$ | filing spo | N/A | | |
| 5. | l ist : | all payroll deductions: | | | | | | | | | - | |
| ٥. | 5a. | Tax, Medicare, and Social Security deductions | 5a | 1 | \$ 72 | 1.9 | 3 | \$ | | N/A | | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | · · · · · · · · · · · · · · · · · · · | 0.0 | | \$ | | N/A | | |
| | 5c. | Voluntary contributions for retirement plans | 5c | ; <u>.</u> | | 0.0 | _ | \$ | | N/A | <u>.</u> | |
| | 5d. | Required repayments of retirement fund loans | 5d | ١. | _ | 0.0 | _ | \$ | | N/A | | |
| | 5e. | Insurance | 5e | . | \$ 53 | 7.3 | 3 | \$ | | N/A | | |
| | 5f. | Domestic support obligations | 5f. | | | 0.0 | 0 | \$ | | N/A | | |
| | 5g. | Union dues | 5g | | | 0.0 | | \$ | | N/A | | |
| | 5h. | Other deductions. Specify: | 5h | 1.+ | \$ | 0.0 | 0 - | + \$ | | N/A | · | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$1,25 | 9.2 | 6 | \$ | | N/A | | |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$2,98 | 7.4 | 1 | \$ | | N/A | | |
| 8. | List a 8a. | All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 90 | | e | • | | ¢. | | NI/A | | |
| | 0h | monthly net income. | 8a | | | 0.0 | _ | \$ | | N/A | | |
| | 8b. 8c. | Interest and dividends Family support payments that you, a non-filing spouse, or a depende | 8b nt |). | Φ | 0.0 | U | Φ | | N/A | | |
| | 00. | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | | | 4.6 | | \$ | | N/A | | |
| | 8d. | Unemployment compensation | 8d | | | 0.0 | | \$ | | N/A | | |
| | 8e. | Social Security | 8e |) . | \$ | 0.0 | 0 | \$ | | N/A | - | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | ice 8f. | | \$ | 0.0 | 0 | \$ | | N/A | | |
| | 8g. | Pension or retirement income | 8g | J. | \$ | 0.0 | 0 | \$ | | N/A | | |
| | 8h. | Other monthly income. Specify: estimated net income - second job | 8h | 1.+ | \$ 55 | 4.1 | 0 - | + \$ | | N/A | | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | 8.7 | 7 | \$ | | N/A | \ | |
| 40 | 0-1 | ulate monthly income. Add Eng 7 : Eng 0 | 40 | \$ | 0.700.40 | 1, | Φ. | | N/A = | Φ. | 2 = 2 | |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ъ_ | 3,706.18 | ⁺ | Ъ_ | | N/A = | > | 3,70 |)6.18 |
| | | Ç , | | | | | | | | | | |
| 11. | Inclu- other | e all other regular contributions to the expenses that you list in Schedul de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are notify: | ur depe | | | | | | chedule J. 11. + | | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rethat amount on the Summary of Schedules and Statistical Summary of Ceres | | | | | | | 12. \$ | | | 06.18 |
| | | | | | | | | | | ombir onthl | | ome |
| 13. | Do y □ | ou expect an increase or decrease within the year after you file this for No. | m? | | | | | | | | , | |
| | | Yes. Explain: Debtor's hours at her primary employer are spo | oradic | a | nd vary. | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

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| Debtor 1 Candace A. Tate Case number | r (if known) |
|--------------------------------------|--------------|
|--------------------------------------|--------------|

Official Form B 6I Attachment for Additional Employment Information

| Debtor | | |
|---------------------|---------------------------------|---|
| Occupation | LPN | |
| Name of Employer | Victorious Home Health Care Ltd |] |
| How long employed | 2 years | |
| Address of Employer | 21036 S. 80th Ave |] |
| | Frankfort, IL 60495 | |

Official Form 106l Schedule I: Your Income page 3

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| Fill | in this information to identify your case: | | | | |
|-------------------|--|---|-----------------|---|---|
| Deb | Candace A. Tate | | | k if this is: An amended filing | |
| | otor 2ouse, if filing) | | | J | ving postpetition chapter the following date: |
| Unit | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLING | OIS | - | MM / DD / YYYY | |
| l | nown) | | | | |
| 0 | fficial Form 106J | | | | |
| S | chedule J: Your Expenses | | | | 12/15 |
| info | as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this funder (if known). Answer every question. | e filing together, bot form. On the top of a | h are equa | ally responsible fo nal pages, write y | r supplying correct our name and case |
| | t 1: Describe Your Household | | | | |
| 1. | Is this a joint case? | | | | |
| | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i> | for Separate Househo | old of Debt | or 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | Daughter | | 4 | Yes |
| | | Daughter | | 13 | □ No ■ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| 3. | Do your expenses include ■ No | | | | ☐ Yes |
| J. | expenses of people other than yourself and your dependents? | | | | |
| Est exp app | t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your enses as of a date after the bankruptcy is filed. If this is a suppolicable date. Iude expenses paid for with non-cash government assistance if | lemental <i>Schedule J</i> | | | |
| the | value of such assistance and have included it on <i>Schedule I: Y</i> ficial Form 106I.) | | | Your expe | enses |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | nclude first mortgage | 4. \$ | | 625.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 0.00 |
| 5. | Homeowner's association or condominium dues Additional mortgage payments for your residence, such as hor | me equity loans | 4d. \$ 5. \$ | | 0.00 |

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| Debtor 1 C | ndace A. Tate | | ber (if known) | |
|--------------|---|--------------|---------------------------------------|----------|
| 5. Utilities | : | | | |
| | lectricity, heat, natural gas | 6a. | \$ | 325.00 |
| 6b. W | /ater, sewer, garbage collection | 6b. | \$ | 0.00 |
| 6c. T | elephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 275.00 |
| 6d. O | ther. Specify: | 6d. | \$ | 0.00 |
| . Food ar | nd housekeeping supplies | | \$ | 650.00 |
| | re and children's education costs | 8. | \$ | 400.00 |
| | g, laundry, and dry cleaning | 9. | | 200.00 |
| | al care products and services | 10. | \$ | 100.00 |
| | and dental expenses | 11. | | 50.00 |
| | prtation. Include gas, maintenance, bus or train fare. | | · | |
| | nclude car payments. | 12. | \$ | 300.00 |
| 3. Enterta | inment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| 4. Charita | ble contributions and religious donations | 14. | \$ | 0.00 |
| . Insuran | ce. | | | |
| Do not i | nclude insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Li | fe insurance | 15a. | \$ | 0.00 |
| 15b. H | ealth insurance | 15b. | \$ | 0.00 |
| 15c. V | ehicle insurance | 15c. | \$ | 251.00 |
| 15d. O | ther insurance. Specify: | 15d. | \$ | 0.00 |
| . Taxes. | Do not include taxes deducted from your pay or included in lines 4 or 20. | | - | |
| Specify: | | 16. | \$ | 0.00 |
| | nent or lease payments: | | | |
| | ar payments for Vehicle 1 | 17a. | · | 551.00 |
| | ar payments for Vehicle 2 | 17b. | · · · · · · · · · · · · · · · · · · · | 0.00 |
| | ther. Specify: | 17c. | \$ | 0.00 |
| | ther. Specify: | 17d. | \$ | 0.00 |
| | syments of alimony, maintenance, and support that you did not report as | 10 | ¢. | 0.00 |
| | ed from your pay on line 5, Schedule I, Your Income (Official Form 106l). | 18. | | |
| - | ayments you make to support others who do not live with you. | 40 | \$ | 0.00 |
| Specify: | | 19. | - | |
| | eal property expenses not included in lines 4 or 5 of this form or on Sche lortgages on other property | 20a. | | 0.00 |
| | eal estate taxes | 20a. 20b. | | |
| | | | · - | 0.00 |
| | roperty, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | laintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | omeowner's association or condominium dues | 20e. | · | 0.00 |
| Other: S | Specify: | 21. | +\$ | 0.00 |
| Calcula | te your monthly expenses | | | |
| | d lines 4 through 21. | | \$ | 3.777.00 |
| 22b. Co | py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | d line 22a and 22b. The result is your monthly expenses. | | \$ | 3,777.00 |
| | | | | 3,111.00 |
| | te your monthly net income. | | | |
| | opy line 12 (your combined monthly income) from Schedule I. | 23a. | | 3,706.18 |
| 23b. C | opy your monthly expenses from line 22c above. | 23b. | -\$ | 3,777.00 |
| | | | | |
| | ubtract your monthly expenses from your monthly income. | 23c. | \$ | -70.82 |
| 11 | he result is your monthly net income. | 230. | L* | 10102 |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Debtor's auto was totalled and she will need to purchase another car. There was no insurance coverage. Debtor's hours at her main employer are sporadic.

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| Fill in this inform | ation to identify yo | our case: | | | |
|---------------------------------|--|-----------------------------|-----------------------------|-------------------------|--|
| Debtor 1 | Candace A. Ta | te | | | |
| Dahtano | First Name | Middle Name | Last Name | · | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ban | kruptcy Court for the | e: NORTHERN DISTRI | CT OF ILLINOIS | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Official Form | | an Individua | al Debtor's S | chedules | 12/15 |
| <u> </u> | 710041 | an marriad | <u> </u> | <u> </u> | 12/10 |
| If two married ped | ople are filing toget | her, both are equally res | ponsible for supplying co | orrect information. | |
| obtaining money | | d in connection with a ba | | | tement, concealing property, or 00, or imprisonment for up to 20 |
| Sign | Below | | | | |
| Did you pay | or agree to pay so | meone who is NOT an at | torney to help you fill out | bankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. Na | ame of person | | | | nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119) |
| | y of perjury, I decla true and correct. | are that I have read the so | ummary and schedules fi | led with this declarati | ion and |
| X /s/ Cand | dace A. Tate | | X | | |

Signature of Debtor 2

Date

Candace A. Tate Signature of Debtor 1

Date July 21, 2019

| -# | II in this inform | nation to identify yo | ur casa: | | | | | |
|------------------|-----------------------------|--------------------------|--|--------------|---|--|--------|---|
| | ebtor 1 | Candace A. Tat | | | | | | |
| | | First Name | Middle Name | ı | ast Name | | | |
| 1 ' | ebtor 2 ouse if, filing) | First Name | Middle Name | l | ast Name | | | |
| Ur | nited States Ba | nkruptcy Court for the | : NORTHERN DISTRICT | Γ OF ILLIN | OIS | | | |
| Ca | ase number | | | | | | | |
| (if k | known) | | | | | | _ | eck if this is an |
| | | | | | | | arr | nended filing |
| \bigcirc | fficial Fo | rm 107 | | | | | | |
| | | | Affairs for Indiv | iduals | Filina for B | Bankruptcv | | 4/1 |
| | | | sible. If two married people | | | | r supp | lying correct |
| info | ormation. If m | | l, attach a separate sheet t | | | | | |
| | <u> </u> | , | larital Status and Where Yo | ou Lived F | Sefore | | | |
| | <u>-</u> | | | ou Liveu i | <u>sciore</u> | | | |
| 1. | wnat is you | r current marital stat | us? | | | | | |
| | ■ Married | | | | | | | |
| _ | □ Not mar | | | | | | | |
| 2. | During the la | ast 3 years, have yo | ı lived anywhere other tha | n where y | ou live now? | | | |
| | □ No | | | | | | | |
| | ■ Yes. Lis | st all of the places you | lived in the last 3 years. Do | not includ | e where you live nov | V. | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor lived there | 1 | Debtor 2 Prior Ac | ddress: | | Dates Debtor 2 lived there |
| | 1462 E. 69 Chicago, I | | From-To: 10/2017-10/2 | 2016 | ☐ Same as Debtor | 1 | | ☐ Same as Debtor 1 From-To: |
| | 1020 E. 10 Chicago, I | | From-To: 10/2016-199 | 8 | ☐ Same as Debtor | 1 | | ☐ Same as Debtor 1 From-To: |
| 3. sta | | | ever live with a spouse or l alifornia, Idaho, Louisiana, N | | | | | |
| | ■ No | | | | | | | |
| | ☐ Yes. Ma | ake sure you fill out So | chedule H: Your Codebtors (| Official Fo | rm 106H). | | | |
| Pa | rt 2 Explai | in the Sources of Yo | ur Income | | | | | |
| 4. | Fill in the tota | al amount of income y | employment or from operate ou received from all jobs and u have income that you rece | d all busine | esses, including part | -time activities. | calend | dar years? |
| | □ No | | | | | | | |
| | _ | I in the details. | | | | | | |
| | | | Debtor 1 | | | Debtor 2 | | |
| | | | Sources of income Check all that apply. | (befo | s income re deductions and sions) | Sources of income Check all that apply. | | Gross income (before deductions and exclusions) |

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Debtor 1 Candace A. Tate

| | Debtor 1 | | Debtor 2 | |
|--|--|--|---|---|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year the date you filed for bankrupto | | \$9,114.50 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| For last calendar year: (January 1 to December 31, 201 | Wages, commissions, bonuses, tips | \$28,924.00 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | Operating a business | | ☐ Operating a business | |
| For the calendar year before the (January 1 to December 31, 201 | | \$50,554.00 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | Operating a business | | ☐ Operating a business | |
| Include income regardless of and other public benefit paym winnings. If you are filing a joi | whether that income is taxable. Examents; pensions; rental income; interint case and you have income that yes income from each source separa | amples of other income are a rest; dividends; money collection received together, list it of the collection in the collection of the collection in the colle | ted from lawsuits; royalties; ar inly once under Debtor 1. | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| Part 3: List Certain Payments | s You Made Before You Filed for | Bankruptcy | | |
| No. Neither Debtor 1 individual primarilyDuring the 90 day | btor 2's debts primarily consumer nor Debtor 2 has primarily consumery for a personal, family, or househouts before you filed for bankruptcy, distinct 7 | umer debts. Consumer debts Id purpose." | | 01(8) as "incurred by an |
| | line 7. elow each creditor to whom you pai | d a total of \$6.825* or more i | n one or more navments and | the total amount you |
| paid t not in | that creditor. Do not include paymer iclude payments to an attorney for the stment on 4/01/22 and every 3 years | nts for domestic support oblig his bankruptcy case. | ations, such as child support a | and alimony. Also, do |

Case 19-20663 Doc 1 Filed 07/23/19 Entered 07/23/19 18:59:48 Desc Main Page 55 of 79 Case number (if known) Document Debtor 1 Candace A. Tate Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address **Dates of payment Total amount** Amount you Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

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Case number (if known) Debtor 1 Candace A. Tate

| Pa | tt 5: List Certain Gifts and Contribution | ns | | | |
|-----|---|---------|--|---|---------------------------|
| 13. | No | ruptcy, | did you give any gifts with a total value of more t | han \$600 per person | ? |
| | Yes. Fill in the details for each gift. Gifts with a total value of more than \$6 per person | 00 | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | t | | | |
| 14. | ■ No | | did you give any gifts or contributions with a total | al value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that more than \$600 Charity's Name | total | Describe what you contributed | Dates you contributed | Value |
| Po | Address (Number, Street, City, State and ZIP Coort 6: List Certain Losses | de) | | | |
| 15. | Within 1 year before you filed for bankroor gambling? No Yes. Fill in the details. | uptcy o | r since you filed for bankruptcy, did you lose any | thing because of the | ft, fire, other disaster, |
| | how the loss occurred Include | | ribe any insurance coverage for the loss de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| | 2014 Land Rover totalled in electrical fire on March 1, 2019 | | e Farm Insurance refused coverage, ng that insurance policy had not yet taken et | 3/1/2019 | \$25,000.00 |
| Pa | rt 7: List Certain Payments or Transfel | 's | | | |
| 16. | consulted about seeking bankruptcy or | prepar | did you or anyone else acting on your behalf pay or ing a bankruptcy petition? ers, or credit counseling agencies for services require | | erty to anyone you |
| | □ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Lorraine M. Greenberg 150 North Michigan Avenue Suite 800 Chicago, IL 60601 Igreenberg@greenberglaw.net | | \$335 for court filing fees received; \$365 received for attorneys fees; Total attorneys fees to be paid will be \$1,500. | 7/13/2019 | \$700.00 |
| | CC Advising Inc. 703 Washington Ave Suite 200 Bay City, MI 48708 www.ccadvising.com | | mandatory prefiling credit counseling | 7/2019 | \$9.76 |

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| 17. | Within 1 year before you filed for bankrupto promised to help you deal with your creditor Do not include any payment or transfer that you No Yes, Fill in the details. | ors or to make paymen | | | or transfer any propo | erty to anyone who |
|---|---|--|---|--------------------|--|---|
| | Person Who Was Paid Address | Description and transferred | value of any pr | operty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your killing like include both outright transfers and transfers minclude gifts and transfers that you have alread No Yes. Fill in the details. | ousiness or financial af ade as security (such as | fairs? the granting of | | | |
| | Person Who Received Transfer Address | Description and property transfe | | paymen | e any property or ts received or debts exchange | Date transfer was made |
| Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you beneficiary? (These are often called asset-protection devices.) ■ No □ Yes. Fill in the details. | | | | of which you are a | | |
| | Name of trust | Description and | value of the pro | operty transfe | erred | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, In | struments, Safe Depos | it Boxes, and S | Storage Units | | mado |
| 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments hel sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit houses, pension funds, cooperatives, associations, and other financial institutions. □ No | | | s of deposit; | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of acco | c r | Date account was closed, sold, noved, or ransferred | Last balance before closing or transfer |
| | Bank of America | XXXX- | ■ Checking □ Savings □ Money Ma □ Brokerage □ Other | arket | 6/2019 | \$125.00 |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed fo | or bankruptcy, a | any safe depo | sit box or other depos | sitory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe th | e contents | Do you still have it? |

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| 22. | Hav | e you stored property in a storage unit or p | place other than your home within 1 | l yea | ar before you filed for bankruptcy | ? |
|--------|-------|---|---|--------|------------------------------------|-----------------------|
| | | No | | | | |
| | | Yes. Fill in the details. | | | | |
| | | me of Storage Facility dress (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | De | escribe the contents | Do you still have it? |
| Par | 9: | Identify Property You Hold or Control for | Someone Else | | | |
| 23. | | you hold or control any property that some comeone. | one else owns? Include any proper | rty y | ou borrowed from, are storing for | , or hold in trust |
| | | No Yes. Fill in the details. | | | | |
| | _ | ner's Name dress (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | De | escribe the property | Value |
| Par | t 10: | Give Details About Environmental Inform | nation | | | |
| For | he p | ourpose of Part 10, the following definitions | s apply: | | | |
| | toxi | ironmental law means any federal, state, or c substances, wastes, or material into the a llations controlling the cleanup of these su | air, land, soil, surface water, ground | _ | | |
| | | means any location, facility, or property as wn, operate, or utilize it, including disposal | <u>•</u> | law | , whether you now own, operate, | or utilize it or used |
| | | <i>ardous material</i> means anything an enviror ardous material, pollutant, contaminant, or | | s wa | aste, hazardous substance, toxic s | substance, |
| Rep | ort a | II notices, releases, and proceedings that y | ou know about, regardless of when | n the | ey occurred. | |
| 24. | Has | any governmental unit notified you that yo | ou may be liable or potentially liable | un | der or in violation of an environm | ental law? |
| | | No | | | | |
| | | Yes. Fill in the details. | | | | 5 |
| | | ne of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | ıd | Environmental law, if you know it | Date of notice |
| 25. | Hav | e you notified any governmental unit of any | y release of hazardous material? | | | |
| | | No Yes. Fill in the details. | | | | |
| | | ne of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | d | Environmental law, if you know it | Date of notice |
| 26. | Hav | e you been a party in any judicial or admini | strative proceeding under any envi | iron | mental law? Include settlements | and orders. |
| | | No Yes. Fill in the details. | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ature of the case | Status of the case |
| Par | 111: | Give Details About Your Business or Cor | nnections to Any Business | | | |
| 27. | With | nin 4 years before you filed for bankruptcy, | did you own a business or have ar | ny o | f the following connections to any | / business? |
| | | ■ A sole proprietor or self-employed in a | trade, profession, or other activity, | , eitl | her full-time or part-time | |
| | | ☐ A member of a limited liability company | y (LLC) or limited liability partnersh | ip (I | LLP) | |
| Offici | al Fo | rm 107 Statement | of Financial Affairs for Individuals Filing | g for | Bankruptcy | page 6 |

Best Case Bankruptcy

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Debtor 1 Candace A. Tate

28.

| ☐ A partner in a partnership | | | | | | | |
|------------------------------|--|---|---|--|--|--|--|
| | ☐ An officer, director, or managing executive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the votin | g or equity securities of a corporation | | | | | |
| | No. None of the above applies. Go to I | Part 12. | | | | | |
| | Yes. Check all that apply above and fill | in the details below for each business. | | | | | |
| Ad | siness Name dress mber, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed | | | | |
| 53 | iir Stylist 7 W. 103rd Place nicago, IL 60628 | Hair Stylist | EIN: From-To 2014-present | | | | |
| | hin 2 years before you filed for bankrupt titutions, creditors, or other parties. | cy, did you give a financial statement to an | yone about your business? Include all financial | | | | |
| | No Yes. Fill in the details below. | | | | | | |
| Ad | me dress mber Street City State and ZIP Code) | Date Issued | | | | | |

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Debtor 1 Candace A. Tate

| Part 12: Sign Below | |
|------------------------------|--|
| are true and correct. I unde | this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers erstand that making a false statement, concealing property, or obtaining money or property by fraud in connection result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 9, and 3571. |
| /s/ Candace A. Tate | |
| Candace A. Tate | Signature of Debtor 2 |
| Signature of Debtor 1 | |
| Date July 21, 2019 | Date |
| Did you attach additional p | ages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | |
| ☐ Yes | |
| Did you pay or agree to pay | y someone who is not an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| ☐ Yes Name of Person | Attach the Bankruptcy Petition Preparer's Notice Declaration and Signature (Official Form 119) |

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| Debtor 1 | Candace A. Ta | te | | |
|---------------------|-------------------------|----------------------|-------------|--------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the | e: NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.
- You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|---|---|
| Creditor's | ☐ Surrender the property. | □ No |
| name: | Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 | Candace A. Tate | Case number (if know | | |
|---------------------------------------|---|---|--|--|
| name: Descrip property securing | y | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ Yes | |
| For any ur in the info You may a | rmation below. Do not list real estate le ssume an unexpired personal property | ou listed in Schedule G: Executory Contracts and Unexpi eases. Unexpired leases are leases that are still in effect; to be lease if the trustee does not assume it. 11 U.S.C. § 365(p | the lease period has not yet ended.)(2). | |
| Describe | your unexpired personal property leas | es | Will the lease be assumed? | |
| Lessor's n Descriptio Property: | ame: n of leased | | □ No □ Yes | |
| Lessor's n Descriptio Property: | ame: n of leased | | □ No □ Yes | |
| Lessor's n Descriptio Property: | ame: n of leased | | □ No □ Yes | |
| Lessor's n Descriptio Property: | ame: n of leased | | □ No □ Yes | |
| Lessor's n Descriptio Property: | ame: n of leased | | □ No □ Yes | |
| Lessor's n Descriptio Property: | ame: n of leased | | □ No □ Yes | |
| Lessor's n Descriptio Property: | ame: n of leased | | □ No □ Yes | |

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| Debtor 1 | Candace A. Tate | Case number (if known) |
|----------|--|---|
| | | |
| | | |
| | | |
| | | |
| Part 3: | Sign Below | |
| | | cated my intention about any property of my estate that secures a debt and any personal |
| property | that is subject to an unexpired lease. | |
| χ /s/ | Candace A. Tate | X |
| Ca | ndace A. Tate | Signature of Debtor 2 |
| | | |
| Sig | nature of Debtor 1 | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-20663 Doc 1 Filed 07/23/19 Entered 07/23/19 18:59:48 Desc Main Document Page 68 of 79

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Candace A. Tate | | Case No. | | |
|-------|--|---|---|---|----------------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPE | NSATION OF ATTO | RNEY FOR D | EBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filibe rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy | y, or agreed to be paid | to me, for services rea | |
| | For legal services, I have agreed to accept | | \$ | 1,500.00 | |
| | Prior to the filing of this statement I have received | | | 365.00 | |
| | Balance Due | | \$ | 1,135.00 | |
| 2. | \$335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. ′ | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed comp | pensation with any other person | n unless they are men | nbers and associates of | my law firm. |
| | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | | ıw firm. A |
| 6. | In return for the above-disclosed fee, I have agreed to re | ender legal service for all aspec | cts of the bankruptcy | case, including: | |
| 1 | a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application | tement of affairs and plan whice ors and confirmation hearing, a reduce to market value; ex | ch may be required; and any adjourned he | arings thereof; | |
| 7. | By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any di any other adversary proceeding; prepar of liens on household goods. | schargeability actions, jud | licial lien avoidand | es, relief from stay SC 522(f)(2)(A) for | actions or avoidance |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of are bankruptcy proceeding. | ny agreement or arrangement for | or payment to me for | representation of the de | ebtor(s) in |
| J | uly 21, 2019 | /s/ Lorraine M. G | Greenberg | | |
| | Date | Lorraine M. Green Signature of Attorn | enberg | | |
| | | Lorraine M. Gree | | | |
| | | 150 N. Michigan | Avenue | | |
| | | Suite 800 Chicago, IL 6060 | 01 | | |
| | | 312-588-3330 F | ax: 312-264-5620 | | |
| | | Igreenberg@gre Name of law firm | enberglaw.net | | |
| | | Traine of any juin | | | |

Case 19-20663 AGREEMENT TO RETAIN COUNSEL-CHAPTER 3/19 18:59:48

The undersigned hereby retains as my Attorney, LORRAINE M. GREENBERG and such other attorneys as may be employed by her and I hereby give permission to Lorraine M. Greenberg to hire other attorneys as co-counsel and administrative personnel of her choosing in the following legal matter:

| XX | CHAPTER 7, Attorneys' fees of \$ 1,500 plus \$ 335.00 for the initial filing fees. | |
|---|--|------------------------|
| | PLUS An additional \$25 - 50 approximately for each credit counseling session (two are required) (I pay this to an Approved credit counseling agency. Ms. Greenberg will provide me with information regarding agency. | directly (gency) |
| | PLUS An additional \$225.00 for each Trustee hearing that I fail to attend. | |
| | PLUS An additional fee billed at \$300.00 per hour for the defense of an Adversary or a Motion to Dismiss for Abuse (additional retainer of \$2,500 minimum required) | or |
| | PLUS An additional \$ 100.00 fee + \$30.00 court costs to add creditors after the case has been filed. | |
| | PLUS An additional \$ 450.00 fees to prepare and present either a Motion for Redemption, a Motion to Avoi otion to Reopen Case (plus court costs to reopen the case of \$260.00), all of which must be paid in full before Greenberg will prepare and present any of these Motions. | d |
| | | |
| attorneys for the initial on your be for any rea | that all money paid for work performed and earned is <u>NON-REFUNDABLE</u> , and I agree that the failure to present a filing fees when due shall be cause for my attorneys to stop doing further work on my behalf. In every retainer of \$500.00 is non-refundable. This is a minimum charge. It covers our fees and costs for opening that and inputting your information into our computer system. If Client chooses not to proceed with the Chapte ison, any fees earned for work performed or for costs expended before the case has been filed are non-refundabled that attorney services may be billed at the rate of \$275.00 per hour and paralegal services up to \$100.00 per hour | case, a file r 7 |

I understand that if I fail to make the payments as set forth above my attorneys may withdraw as attorneys of record and do nothing further on my behalf. I have been told that both a chapter 7 and Chapter 13 are proceedings under the U.S. Bankruptcy Code, and that they both effect my credit rating. My attorney has advised me that the decision to file either type of bankruptcy must be carefully considered, and that the decision is mine alone. My attorney has explained both Chapter 13 and Chapter 7 to me.

By signing below, I authorize my attorney and her staff to file all necessary documents and schedules electronically with the Court and to fax or mail or email copies of pages from my Bankruptcy Petition and Schedules and my pay advices and tax returns, as well as the Notice of Bankruptcy Filing to me or my Employer, or any other entities my attorneys deem necessary. I also authorize my attorneys to contact whomever is necessary to obtain documentation to support my testimony as to my assets, liabilities, and income, including my present or past employer and the Internal Revenue Service. I also authorize my attorney to use email to communicate with myself and my creditors or the Trustee, as she deems necessary.

I understand that it is my responsibility alone to obtain a Certificate of Completion from a credit counseling agency approved by the U.S. Trustee and to have it faxed to my attorneys at (312)264-5620 or delivered in person or emailed to my attorney at lgreenberg@greenberglaw.net and that my attorney cannot file my case until a certificate is received. I have also been told that I must complete a second credit counseling class called Debtor Education after my case is filed in order to obtain a discharge of my debts.

By signing below, I acknowledge that I have been informed of any potential conflict of interest that my attorney may have and that I waive any such conflict without further notice. I also promise to cooperate with my attorney and provide her with all necessary financial information she requires to properly represent me and to prepare the necessary documents for filing.

Date 7/21/19

I have read and fully understand this agreement and by signing below acknowledge being given a copy.

United States Bankruptcy Court Northern District of Illinois

| In re | Candace A. Tate | | Case No. | |
|-------|--|---|----------------|---------------------------|
| | | Debtor(s) | Chapter | 7 |
| | VE | RIFICATION OF CREDITOR MA | ATRIX | |
| | | Number of C | Creditors: | 83 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credito | rs is true and | correct to the best of my |
| Date: | July 21, 2019 | /s/ Candace A. Tate Candace A. Tate Signature of Debtor | | |

A,T & T Mobility Attn: Bankruptcy 1801 Valley View Lane Farmers Branch, TX 75234

Advocate Christ Medical Center Attn: Patient Business Office 4440 W. 95th Street Oak Lawn, IL 60453

Advocate Trinity Hospital Attn: Patient Accounts 2320 E 93rd St, Chicago, IL 60617

AFNI, Inc 404 Block Drive Attn: Bankruptcy Bloomington, IL 61701

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

Amex P.o. Box 981537 El Paso, TX 79998

Arnold Scott Harris PC 111 W Jackson Suite 600 Chicago, IL 60604-1537

AT & T Mobility II LLC c/o AT & T Services, Inc. Karen Cavagnaro, Paralegal One AT & T Way, Room 3A231 Bedminster, NJ 07921

AT & T Services, Inc. c/o James Grudus, Esq One AT & T Way, Room 3A218 Bedminster, NJ 07921 Bank Of America 4909 Savarese Circle Fl1-908-01-50 Tampa, FL 33634

Bank Of America PO Box 15168 Wilmington, DE 19850

Bank Of America Po Box 982238 El Paso, TX 79998

Botti Chiropractic 5569 95th St, Oak Lawn, IL 60453

Calvary Portfolio Services Attn: Bankruptcy 4050 E. Cotton Center Blvd Phoenix, AZ 85040

Calvary Portfolio Services 500 Summit Lake Drive Suite 400 Valhalla, NY 10595

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Po Box 30281 Salt Lake City, UT 84130

Capital One Auto Finance 7933 Preston Road Plano, TX 75024-2302

CarMax Auto Finance Attn: Bankruptcy Po Box 440609 Kennesaw, GA 30160 CarMax Auto Finance 12800 Tuckahoe Creek Pkw Richmond, VA 23238

Cda/Pontiac Attn: Bankruptcy Po Box 213 Streator, IL 61364

Cda/Pontiac 415 E Main St Streator, IL 61364

Chase Bank PO Box 15298 Wilmington, DE 19850

Choice Recovery Attn: Bankruptcy 1550 Old Henderson Rd, Ste 100 Columbus, OH 43220

Choice Recovery 1550 Old Henderson Rd St Columbus, OH 43220

City of Chicago - Parking 121 N. LaSalle Street Room 107 Chicago, IL 60602

COMCAST PO BOX 1931 Burlingame, CA 94011

Comcast PO Box 3001 Southeastern, PA 19398-3001

ComEd Customer Correspondence Attn: Bankruptcy Dept PO Box 87522 Chicago, IL 60680 Comenity Bank - Carsons Bankruptcy Department PO Box 182125 Columbus, OH 43218-2125

Comenity Bank/Wayfair Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218

Comenity Bank/Wayfair Po Box 182789 Columbus, OH 43218

Credit First National Association Attn: Bankruptcy Po Box 81315 Cleveland, OH 44181

Credit First National Association Pob 81315 Cleveland, OH 44181

Credit One Bank Po Box 98872 Las Vegas, NV 89193

Custom Collection Services P.O. Box 10428 Merrillville, IN 46411

DebtStoppers 20 S. Clark Street 28th floor Chicago, IL 60603-1802

Dependon Collection Services PO Box 4833 Oak Brook, IL 60522

Dept of Ed / Navient Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773 Dept of Ed / Navient Po Box 9635 Wilkes Barre, PA 18773

Emergency Room Care Providers Dept. 4034 PO Box 3065 Hinsdale, IL 60522-3065

Fifth Third Bank PO Box 630900 Cincinnati, OH 45263-0900

Fifth Third Bank 251 N. Illinois Street, Ste 1000 Indianapolis, IN 46202

FIFTH THIRD BANK
MD# ROPS05 BANKRUPTCY DEPT
1850 EAST PARIS SE
GRAND RAPIDS, MI 49546-6253

First PREMIER Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117

First PREMIER Bank 3820 N Louise Ave Sioux Falls, SD 57107

First Premier Bank P.O. Box 5519 Sioux Falls, SD 57117-5519

Future Lady Fitness of Jackson 1625 E County Line Rd Ste 340 Jackson, MS 39211

Ill Dept of Employment Security PO Box 4385 Chicago, IL 60680-4385

Illinois Toll Highway Authority 2700 Ogden Avenue Attention: Legal Dept Downers Grove, IL 60515-1703

Integrated Pain Management 5569 W. 95th Street Oak Lawn, IL 60453

Jefferson Capital Systems LLC PO Box 7999 Saint Cloud, MN 56302-9617

JPMorgan Chase Bank, N.A. P O Box 182051 Columbus, OH 43218-2051

JSU-NDSI 1325 Jr. Lynch Street Jackson, MS 39217-0001

LVNV Fudning LLC as assignee of Arrow Financial Services Resurgent Capital Services PO Box 10587 Greenville, SC 29603-0587

LVNV Funding LLC assignee of North Star Capital Acquisitions LLC Resurgent Captial Services PO Box 10587 Greenville, SC 29603-0587

Medical Business Bureau 1460 Renaissance Dr. Suite 400 Park Ridge, IL 60068-1349

MG Credit 5115 San Juan Ave Jacksonville, FL 32210

Michael Stern

Midland Funding LLC Midland Credit Mgmt as agent PO Box 2011 Warren, MI 48090

Midland Funding LLC 2365 Northside Dr Ste 300 San Diego, CA 92108

MOHELA Attn: Bankruptcy 633 Spirit Drive Chesterfield, MO 63005

MOHELA 633 Spirit Drive Chesterfield, MO 63005

MRSI 2250 E. Devon Ave Ste 352 Des Plaines, IL 60018

Navient Attn: Bankruptcy Po Box 9000 Wiles-Barr, PA 18773

Navient Po Box 9500 Wilkes Barre, PA 18773

NCO Financial Systems, Inc. 400 Horsham Road, Ste 300 Horsham, PA 19044-2140

North Star Capital Acquisition Attn: Bankruptcy 220 John Glenn Drive, Suite 100 Amherst, NY 14228

North Star Capital Acquisitions LLC 170 North Pointe Parkway Suite 300 Amherst, NY 14228

Peoples Gas 200 E. Randolph Attention: Bankruptcy Department Chicago, IL 60601

Peoples Gas PO Box 2968 Milwaukee, WI 53201-2968

Peter Francis Geraci, J.D. 55 East Monroe Suite 3400 Chicago, IL 60603

Robert J Semrad & Associates 20 S Clark 28th Floor Chicago, IL 60603

Secretary of State Driver Services Dept 2701 S. Dirksen Parkway Springfield, IL 62723-0001

Shantel Johnson 10149 E. 100th Street Chicago, IL 60628

Sprint
KSOPHT0101-Z4300
6391 Sprint Parkway
Attn: Bankruptcy Dept.
Overland Park, KS 66251-4300

Sprint Corp Attention Bankruptcy PO Box 7949 Overland Park, KS 66207-0949

State Collection Service 2509 S. Stoughton Road Madison, WI 53716

T-Mobile PO Box 742596 Cincinnati, OH 45274-2596 T-Mobile c/o American Infosource LP 4515 N Santa Fe Ave Oklahoma City, OK 73118-7901

Tribute P.O. Box 105555 Atlanta, GA 30348-5555

US Cellular PO Box 7835 Madison, WI 53707-7835

Vishar Medical Center 2315 E. 93rd Street Suite 340 Chicago, IL 60617